

## PART B - FEE(S) TRANSMITTAL

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**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
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SEP 15 2006

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

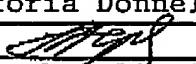
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

29382 7590 07/27/2006  
**TROPIC NETWORKS INC.**  
**DR. VICTORIA DONNELLY**  
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**KANATA, ON K2M 2E9**  
**CANADA**  
09/18/2006 RMEBRAH1 00000063 501832 09943005

01 FC:2501 700.00 DA  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Victoria Donnelly	(Depositor's name)
	(Signature)
September 15, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/943,005	08/31/2001	Walter Joseph Carpin	78945-11/LO	9279

**TITLE OF INVENTION:** LABEL SWITCHED COMMUNICATION NETWORK, A METHOD OF CONDITIONING THE NETWORK AND A METHOD OF DATA TRANSMISSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES	<del>XXX</del> \$ 700	\$300	\$0	<del>XXX</del> \$1000	10/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
AHMED, SALMAN	2616	370-218000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <u>Victoria Donnelly</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	3 _____

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**TROPIC NETWORKS INC.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Kanata, Ontario, CANADA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

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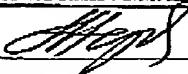
A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501832 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date September 15, 2006

Typed or printed name Victoria Donnelly

Registration No. 44,185

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